

Fill in this information to identify the case:

Debtor Free Speech Systems, LLC

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number 22-60043
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

SUPPLEMENTAL SCHEDULE E - PRIORITY CREDITORS

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

See the sales tax authorities and addresses on the attached exhibit.

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ unknown

Check all that apply.

☒ Contingent

☒ Unliquidated

☒ Disputed

Basis for the claim:

sales tax across states

Is the claim subject to offset?

☐ No

☐ Yes

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☐ Yes

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☐ Yes

Debtor

Name

Case number (if known)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

	A	B	C	D	E
2	State Comptroller's Office, State of Alabama, Dept of Finance	100 North Union Street, Suite 220	Montgomery	AL	36130
3	State of Alaska Department of Revenue	PO Box 110400	Juneau	AK	99811-0400
4	Arizona General Accounting Office	100 N. 15th Ave, Suite 302	Phoenix	AZ	85007
5	Arizona Department of Revenue	1600 West Monroe Street	Phoenix	AZ	85007
6	Department of Finance & Administration	1509 West 7th, 2nd Floor	Little Rock	AR	72201
7	California State Controller, State Accounting and Reporting Division	3301 C Street, Suite 753	Sacramento	CA	95816
8	California State Controller, Executive Office	300 Capitol Mall, Suite 1850	Sacramento	CA	95814
9	Colorado Office of the State Controller	1525 Sherman St.	Denver	CO	80203
10	Office of the State Comptroller, State of Connecticut	165 Capitol Avenue	Hartford	CT	06106
11	Controller General	411 Legislative Avenue	Dover	DE	19901
12	Office of the Secretary of State, Dover Office	401 Federal St., Suite 3	Dover	DE	19901
13	Office of Tax & Revenue	1101 4th Street SW, Suite 270 West	Washington	DC	20024
14	Office of Comptroller	605 Suwannee St.	Tallahassee	FL	32399

	A	B	C	D	E
15	Department of Revenue	1800 Century Blvd	NE Atlanta	GA	30345
16	Office of the Comptroller	Kalanimoku Buidling, 1151 Punchbowl Street	Honolulu	HI	96813
17	State of Idaho Controller's Office	700 W. State St., PO Box 83720	Boise	ID	83720-0011
18	Illinois Office of Comptroller - Springfield	325 West Adams Street	Springfield	IL	62704
19	Illinois Office of Comptroller - Chicago	555 West Monroe Street, Suite 1400S-A	Chicago	IL	60661
20	Office of the State Comptroller of Indiana	200 West Washington Street, Suite 240	Indianapolis	IN	46204
21	Department of Revenue	100 N Senate Ave, Room N105	Indianapolis	IN	46204
22	Iowa Department of Revenue	PO Box 10330	Des Moines	IA	50306-0330
23	State Treasurer	900 SW Jackson, Suite 201	Topeka	KS	66612
24	Office of the Controller	200 Mero Street, 5th Floor	Frankfort	KY	40622
25	Louisiana Department of Revenue	PO Box 201	Baton Rouge	LA	70821-0201
26	Office of the State Controller	14 State House Station	Augusta	ME	04333-0014
27	Office of the State Comptroller	80 Calvert St, PO Box 466	Annapolis	MD	21404-0466
28	Office of the Comtroller Commonwealth of Massachusetts	One Ashburton Place, 9th Floor	Boston	MA	O2108
29	State Treasurer	Austin Building, 430 W. Allegan St.	Lansing	MI	48922
30	Minnesota Department of Revenue	600 N. Robert St.	St. Paul	MN	55146

	A	B	C	D	E
31	State Treasury of Mississippi	PO Box 138	Jackson	MS	39205
32	Missouri State Treasurer's Office	PO Box 210	Jefferson City	MO	65102
33	Montana Department of Revenue	PO Box 5805	Helena	MT	59604-5805
34	Nebraska Department of Revenue	PO Box 94818	Lincoln	NE	68509-4818
35	Nevada State Controller's Office	Nevada State Capitol Buidling, 101 N. Carson Street, Suite 5	Carson City	NV	89701-4786
36	New Hampshire Department of Revenue Administration	109 Pleasant Street (Medical & Surgical Building)	Concord	NH	O3301
37	New Jersey Office of the State Comptroller	PO Box 024	Trenton	NJ	O8625
38	New Mexico Taxation & Revenue	1200 South St. Francis Drive	Santa Fe	NM	87505
39	Office of the New York State Comptroller	59 Maiden Lane	New York	NY	10038
40	State of North Carolina Office of the State Controller	1410 Mail Service Center	Raleigh	NC	27699-1410
41	Office of the State Tax Commissioner	600 E. Boulevard Avenue Dept 127	Dismarck	ND	58505-0500
42	Ohio Department of Taxation	4485 Northland Ridge Blvd.	Columbus	OH	43229
43	Oklahoma State Treasurer	State Capitol Buidling, Room 217, 2300 N.	Oklahoma City	OK	73105
44	Oregon Department of Revenue	955 Center St. NE	Salem	OR	97301-2555
45	Office of Comptroller Operations	9th Floor - Forum Place, 555 Walnut Street	Harrisburg	PA	17101

	A	B	C	D	E
46	Office of Accounts & Control	One Capitol Hill, 4th Floor	Providence	RI	O2908
47	South Carolina Comptroller General	1200 Senate Street, 305 Wade Hampton Office Building	Columbia	SC	29201
48	Department of Revenue	445 East Capitol Ave	Pierre	SD	57501-3185
49	Tennessee Comptroller of the Treasury	State Capitol	Nashville	TN	37243-9034
50	Texas Comptroller of Public Accounts	PO Box 13528, Capitol Station	Austin	TX	78711-3528
51	Utah Office of State Treasurer	350 N State Street, Suite 180	Salt Lake City	UT	84114-2315
52	Office of the State Auditor	East Office Building, Suite E310, Utah State Capitol Complex	Salt Lake City	UT	84114
53	Department of Finance & Management	109 State Street	Montpelier	VT	O5609
54	Department of Taxes	1st Floor Lobby, 133 State Street	Montpelier	VT	O5602
55	Department of Accounts	PO Box 1971	Richmond	VA	23218-1971
56	Washington State Department of Revenue	Attn: Bankruptcy Unit, 2101 4th Ave, Suite 1400	Seattle	WA	98121
57	West Virginia Tax Division	1001 Lee Street East	Charleston	WV	25301
58	State Controller's Office	PO Box 7932	Madison	WI	53707-7932
59	Department of Revenue	122 West 25th Street, Suite E301, Herschler Building East	Cheyenne	Wy	82002

Fill in this information to identify the case and this filing:

Debtor Name Free Speech Systems, LLC
 United States Bankruptcy Court for the: Southern District of Texas
 (State)
 Case number (if known): 22__60043

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F) **supplemental**
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

This documents is submitted subject to the Global Notes and Statement of Limitations, Methodology, and Disclaimer found at ECF # 900.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/13/2024
 MM / DD / YYYY



J. Patrick Wright (Jun 13, 2024 12:12 CDT)

Signature of individual signing on behalf of debtor

Printed name

Position or relationship to debtor